FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations	
	(s) Name Softer Voices	l
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	Washington, DC 20007 (d) Name of Employer or Principal Place of Business (e) Occupation	
i	**	
3.	Is This Statement or 4. Covering Period through	
	Amended 1 0 2 4 2 0 0 6	Ĝ
5 .	(a) Date of Public Distribution(s) 1 0 2 4 2 0 0 6 (b) Communication Title Autism Ad-"Rick Santon	tum
6.	is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?	
7.	Were the disbursements for the election-ering communication made exclusively Yes No No From donations to a segregated bank account?	
8.	Custodian of Records (a) Name	
	Cynthia Young Palmer (b) Address (number and street)	
	P.O. Box	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business (e) Occupation	
		•
9.	Total Donations This Statement	<u> </u>
10.	Total Disbursements/Obligations This Statement	.
	Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.	
	Type or Print Name of Person Completing form Cynthia Young Palmer	
	SIGNATURE GENERAL DATE 10/24/06	
	NOTE: Subression of talse, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.	

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